

Instructions for MED Eligibility Application Form

Process:

Each individual who is requesting Long Term Care assistance through the New Hampshire State Medicaid Program for Nursing Facility (NF) placement or Home and Community-Based services (HCBC-ECI), must have an eligibility application form submitted to the local ServiceLink Resource Center (or the Long Term Care Office in Concord for individuals living in an area where no ServiceLink Resource Center is yet in place). Once the application form is received, and the individual has an application filed for financial eligibility, a state nurse will be assigned to complete a face-to-face assessment to determine the individual's medical eligibility status for either NF or HCBC-ECI.

Applications and instructions can be found on the NH website as follows:

<http://www.dhhs.nh.gov/DHHS/BEAS/ltc-medicaid-eligibility.htm>

MED applications may be completed and faxed to the appropriate location as defined below. Frequently the difficulty reading handwritten material combined with the quality of the fax machine may make for difficulty in reading the material. For this reason, we would encourage you, if possible, to complete the forms on a computer, print a copy, and fax them to the appropriate location.

How to contact us on April 1, 2006:

Name	E-Mail	Fax	Phone
SLRC – Belknap**	nancyslrc@metrocast.net	527-3790	528-6945
*SLRC - Hillsborough/Manchester	bgamein@eastersealsnh.org	644-2361	644-2240
*SLRC - Merrimack	eslawsky@mcservicelink.org	228-6623	228-6625
*SLRC - Monadnock/Cheshire	pmarsh@webryders.com	352-8822	357-1922
*SLRC -Strafford	khayden-grace@straffordnetwork.org	335-8010	332-7398
ALL OTHERS - LTC State Office	LTC@dhhs.state.nh.us	271-7985	271-0549

*ServiceLink Resource Center

EXCEPTIONS:

- 1)All applications for SNF, Swing, Medical/Behavioral A-typical care, Out-of-state care, or pediatric short-stay ICF should be sent to the BEAS Community Services LTC State Office. In Belknap County, however, applications for these services should be sent to the Belknap County ServiceLink Resource Center.
- 2)All applications for resumption of previously approved ICF level of care following an acute or SNF status should be sent to the BEAS state office.
- 3)All applications for transfers from one facility to another for individuals already approved for Medicaid ICF determination should be sent to the BEAS state.

Completion of the Demographic information:

This section contains the individual's demographic information as well as pertinent information to assist the nurse assessor in reviewing the individual's eligibility. This section may follow the individual to prevent repetitive questioning and verification of demographic information by every provider. Individuals need to give release of information authorization for this section to be shared with other providers.

NAME: Print applicant's legal name clearly, using capital letters for Last, First and Middle Initial (MI).

MEDICAID #: This refers to the individual's Medicaid Identification Number (MID), which consists of 11 digits.

COMPLETED BY: Indicate the name of the person completing the form.

TITLE: This refers to the professional discipline or position of the person completing the assessment.

DATE: The date refers to the day the information was obtained.

AGENCY/ ORGANIZATION: The employer of the person completing the form.

PHONE: The number where the individual completing the form may be reached during normal business hours.

DEMOGRAPHICS: IDENTIFICATION AND BACKGROUND INFORMATION

- 1 **Gender:** Check appropriate box for male or female.
- 2 **Date of birth:** Use all spaces. For a one-digit month or day, place a zero in the first box. For example, January 2, 1918 should be entered as 01-02-1918.
- 3 **Age:** Enter current age.
- 4 **Mailing Address:** Give applicant's **permanent** address and phone number. Note: There must be a street and a town listed in addition to a post office box. If individual is in the hospital, give applicant's address prior to admission. If individual is currently at a residential care facility or nursing home, use the name and address of that facility only if placement is expected to be permanent.
- 5 **Secondary Address:** If individual has a PO Box, a family member or legal representative who needs to receive information, be sure to include that address as the secondary address.
- 6 **Marital Status:** Choose the answer that best describes the individual's current marital status.

- 7 Number in Household (incl. applicant):** Group size includes individual, their spouse, and each child under the age of 18. For those applicants who live in an institution or residential care facility, enter 'NA' in the box.
- 8 Primary Language:** Check the appropriate box for the language that the individual primarily speaks or understands. If the primary language is none of the languages listed, check the "Other" box and specify the language in the space provided.
- 9 Communications:** Check the appropriate box if no assistance is necessary. If interpreter (including sign language) or a type of assistive device for communication is necessary, check the appropriate box and specify the kind of interpreter/device required. Check "Other" if applicable and specify in space provided.
- 10 Assessment Trigger:** Select the option that matches this referral request.

1. Service Need: May be used for any referral requesting assessment for the programs listed in Demographics #15 of the MED form.

2. Reassessment due: Only applies to individuals with currently complete and valid assessments due to expire, and reassessment is required to determine continued medical eligibility.

3. Significant Change in Condition: Only applies to people with a currently complete assessment. Indicators of significant change must be met. **A significant change in condition** is defined as a major change in the individual's status that: is not self-limiting; impacts on more than one area of the individual's health status or caregiver status, or requires interdisciplinary review and/or revision of the care plan. A significant change assessment may be requested if a change is consistently noted in two or more areas of decline, or two or more areas of improvement, and results in a change in eligibility outcome. For Nursing Facilities who are requesting a significant change assessment, the referral should include the individual's last two MDS assessments with the referral request. One of the MDS assessments submitted must be a significant change MDS.

- 11 County:** Enter the county where individual resides (see #5 Mailing address). If in an institutional setting, list the county where the individual lived prior to entering the institutional setting.

District Office: Identify the District Office by the assigned two-digit code number:

Berlin	09	Littleton	08
Claremont	02	Manchester	10
Concord	05	Nashua	11
Conway	04	Portsmouth	06
Keene	01	Rochester	17
Laconia	03	Salem	16

- 12 Program Assessment Requested, Start date:** The following are the possible choices for the program being requested. Check the appropriate box for program being requested. Enter the

date the individual starts services. This is especially important if individual will be going to a NF or a residential care facility. **If this is not known at time application is submitted or at the time the nurse conducts the assessment**, this information needs to be called in to BEAS office in Concord as soon as it occurs:

HCBC placement: 271-0288

NF placement: 271-4342.

Home and Community-Based care for Elderly and Adult Services (HCBC-ECI) Program:

Individuals age 18 and older who are physically disabled and determined medically eligible for nursing facility care and choose to receive that level of care at home. (The 30-day appeal applies to initial assessments and reassessments on individuals currently receiving services under this program.) Providers who believe a significant change or service need assessment is needed **MUST** contact NH BEAS Long Term Care Community Services to authorize and request a reassessment.

If an individual is applying for HCBC-ECI in a group setting, for example, residential care or assisted housing, please indicate the name of the setting in the space provided.

12.1 Independent: means that an eligible individual is living in an independent dwelling, alone or with family, friends or others. Informal supports may be provided by family or friends, and/or formal services may be provided through an agency or agencies who are enrolled to be HCBC-ECI providers.

12.2 Residential care: means a licensed facility where an individual lives with others, and assistance with activities of daily living (ADL's) and instrumental activities of daily living, (IADL's) is provided as a bundled service. Enter facility name on line.

12.3 Assisted Housing: means an eligible individual living in an independent unit, but other units are in close proximity. Assistance with ADL's and IADL's is provided by a licensed provider as a bundled service. Enter facility name on line.

12.4 Adult Family Home Care: means a residential style home setting where residential care services, including assistance with ADL's and IADL's, are provided for one or two eligible individuals.

12.5 Other HCBC:

Nursing Facilities: Nursing facilities will request a level of care determination prior to admission if possible, or upon a consumer's admission by submitting an application for a prospective or a new admission to their facility. The state RN assessor will prioritize the assessment of individuals who are in or are planning on going into a nursing facility. Assessment is also be required for an individual currently in a nursing facility who seeks a change in reimbursement from "private pay" to "Medicaid". State nurses will perform the assessment for all individuals seeking routine ICF level of care, out of state placement, and atypical placement. RN's from the facility seeking approval for SNF and SWING, regardless

of level, will complete the assessment instrument and submit to the Bureau of Elderly and Adult Services (BEAS) Long Term Care Office in Concord for approval.

NOTE: For Belknap County providers only, send all requests, including SNF, Swing, Atypical, out of State requests, etc. to Belknap SLRC.

Please indicate the name of the Nursing Facility in the blank provided.

12.6 ICF: means Intermediate Care Facility, and is the usual level for individuals in a nursing facility.

12.7 SNF: means Skilled Nursing Facility, and is the usual level for individuals who have needs that are more acute than chronic in nature, such as the need for IV therapy, physical or occupational therapy, rehabilitation, or skilled nursing care such as wound care applications.*

12.8 Swing Bed – need for a short term nursing facility stay of an acute (SNF) or chronic (ICF) nature.*

12.9 Atypical: need for extensive medical, rehabilitative, or behavioral interventions or services. Check whether these services are for ICF or SNF. *

12.10 Out of state placement: Unique services that are available only in a specific location outside of the state. Final approval lies with the Director of Medicaid Services. *

Private Duty: Means the provision of professional services by licensed professionals enrolled as HCBC-ECI providers in a home setting. *

- 13 A. Location at Time of Assessment:** Enter the corresponding number for the location of the individual at the time the assessment is expected to be conducted, check “Other” and specify on line provided, if applicable, on line #11.
B. Usual Place of Residence: Enter the corresponding number for the setting, which represents the person’s normal residence.
- 14 Usual Living Arrangement:** Check the boxes, which accurately describe the individual’s normal living circumstances. If individual is being assessed for nursing facility eligibility while at the hospital, check appropriate box for his/her residence prior to hospitalization. Check “Other” and specify on line provided if needed.
- 15 Race/Ethnicity:** Ask the individual what best describes his/her race or ethnic background. Do not make assumptions based on the individual’s appearance. Enter the race or ethnic category within which the individual places self. This is an optional question, which can be left blank if the individual prefers not to answer.
- 16 Citizenship:** Check the appropriate box: U. S. Citizen, Legal alien, or Other.
- 17 Current Monthly Income Sources for Applicant:** Check all sources of income for the individual if known.

* Unless in Belknap SLRC area, applications should be sent to Concord BEAS office. If in Belknap area, send to Belknap SLRC.

- 18 Medicaid Status:** where an individual is in the process of Medicaid eligibility. Please check the appropriate box if known.

Not eligible - The individual is not financially eligible for this program and financial eligibility is not anticipated at this time.

Eligible - The individual is financially eligible for this program. Eligibility refers only to the applicant's financial eligibility to be on the program.

Eligibility pending - An application has been filed at the DFA regional office for this program. A determination of financial eligibility has not been reached as of the assessment start date. Please fill in App. Date if known in space provided.

No Application filed – no information has been provided to DFA.

- 19 Potential Payment Sources:** Check all sources for which an individual may be eligible for benefits. Medicare “A” refers to the standard Medicare benefits. Medicare “B” is the supplemental portion, paid by the individual, to cover costs of physicians and certain types of home care. Medicare “C” refers to a comprehensive HMO-type coverage an individual has elected to participate in, and Medicare “D” refers to drug benefits. Title III and Title XX services refer to grant programs, which provide congregate and home-delivered meals, homemaking services and other assistance to individuals.

- 20 Physician - Primary/Specialist:** List names, addresses, and phone numbers of the Primary and/or the Specialist physician(s). Enter the date of the individual’s last visit for each physician listed.

- 21 Responsibility/Legal Guardian:** Check only those items with available documentation that indicate someone else is responsible for participating in legal decisions about the consumer's **health care and treatment.**

1. Self: The individual is responsible for his/her own decisions and has not delegated any responsibility for decisions to others.

2. and 3. Power of Attorney, Durable Power of Attorney: Documentation that someone other than the individual is legally responsible for the health care decisions. This document may also provide guidelines for the agent or proxy decision-maker, and may include instructions concerning the consumer's wishes for care.

4. Durable Power of Attorney for Health Care: Documentation that someone other than the individual is legally responsible for health care decisions should the individual become unable to make decisions. This must be activated by a physician in order to be put into effect. Check “Yes” or “No” box as applicable.

[Note: Unlike a guardianship, Power of Attorney, Durable Power of Attorney, Durable Power of Attorney for Health Care can be revoked by the individual at any time.]

5. Guardian of Person: Guardians are appointed after a court hearing and are authorized to make decisions that include giving and withholding consent for medical treatment. Once appointed, the decision-making authority of the guardian may be revoked only by another court hearing. It is important to read the guardianship papers to clarify exactly what kind of guardianship has been proscribed by the court.

6. Guardian of Estate: A guardian of estate is also appointed by the court and has the authority to make financial decisions. As with the guardian of person, a guardian of the estate may have broad or limited powers and the “Letter of Guardianship” must be reviewed to determine specific authority.

7. Authorized Representative: A person who is appointed to manage Social Security, Veterans’ Administration or other state or Federal benefits or entitlement program payments on behalf of an individual.

8. Other: If none of the above apply, check this box and specify in the space provided, if applicable.

9. Unknown/Documentation unavailable: If there is no supporting documentation to support the type of responsibility or if it is unable to ascertain at time of determination, this box should be checked.

22 Key Contacts: List names, addresses, and phone numbers of those family members, friends or neighbors who act as the individual’s support system, or who have a legal relationship with the individual. Check the yes or no box as appropriate to reflect status as legal guardian of each contact. Please do not leave boxes unchecked.

23 Advanced Directives: Federal law requires that people be told about their right to make decisions about their health care choices. * The medical record in the nursing facility or hospital setting includes the necessary information to determine what category to check. All health care providers are required to ask people about their preferences and should be knowledgeable and comfortable in discussing these basic issues as professional health care providers. If assessing in the community and no advanced directives are available, the options need to be explained to the person as mandated by Federal law, and information should be made available to him or her. **Advance Care Planning Guide** is a brochure, which is available through the New Hampshire Hospital Association and includes information and blank forms to assist people in making a decision about a living will or advanced directive. Familiarize yourself with the legal status of each type of directive. Review medical records, when available, for written documentation verifying the existence and nature of these directives. **Documentation must be available in the record for a directive to be considered current and binding.** Check all items that apply and have supporting documentation available. If there are no advanced directives or none are verified by documentation, check **9. Unknown/Documentation unavailable.**

[*Note: See Appendix E for information on the Patient Self-Determination Act.]

1. Living Will: A document specifying the individual's preferences regarding measures used to prolong life when there is a terminal prognosis. It may specify that no heroic measures be used to prolong life when there is a terminal prognosis.

2. Do not resuscitate orders: In the event of respiratory or cardiac failure, the individual or family or legal guardian has directed that no cardiopulmonary resuscitation (CPR) or other life-saving methods will be used to attempt to restore respiratory or circulatory function.

3. Do not hospitalize order: A document specifying that individual is not to be hospitalized even after developing a medical condition that usually requires hospitalization.

4. Organ donation: Instructions indicating that the individual wishes to make organs available for transplantation upon death.

5. Autopsy request: Document indicating that the individual or family or legal guardian has requested that an autopsy be performed upon death. **[Note:** The family must still be contacted prior to performing the procedure.]

6. Feeding restrictions: The individual or family or legal guardian does not wish the individual to be fed by artificial means (e.g., tube, intravenous nutrition) if unable to be nourished by oral means.

7. Medication restrictions: The individual or family or legal guardian does not wish the individual to receive life-sustaining medications (e.g., antibiotics, chemotherapy) **[Note:** These restrictions may not be applicable, however, when these medications are used to ensure the consumer's comfort.]

8. Other restrictions: The individual or family or legal guardian does not wish the person to receive certain treatments. Examples include, but are not restricted to, blood transfusion, tracheotomy, respiratory intubation, and restraints. **[Note:** These restrictions may not relate to care given for palliative reasons, such as reducing pain, or distressing physical symptoms, such as nausea or vomiting.]

9. Unknown/Documentation unavailable: If none of above directives apply or cannot be verified by documentation in the medical records, check this box.

24 Case Manager Preference: This refers to the case management preference an individual applying for the HCBC program may have. The agencies are Crotched Mountain Community Care, Heritage, Life Coping, Inc., and Pilot Health. Please indicate the individual's preference, or enter "none".

25 "MR" should be checked if an individual has a history of Mental Retardation.
"Serious MI" should be checked if the individual has a serious mental health diagnosis. The Social security number and the individual's Medicare number should both be filled in if known.

The remaining box contains information that the state nurse will complete.

A Primer on Powers of Attorney, Guardianship and Related Issues for Long Term Care Assessors

Among consumers of long-term care, there are frequently legal arrangements such as power of attorney, durable powers of attorney, durable power of attorney for health care and guardianship. These legal arrangements may affect who makes the choice of what kind of care the individual will receive, as well as who has access to information. It is important for people working in the long term care field to understand the subtle differences between these different kinds of arrangements, in order to ensure that both consumer's right of choice is preserved and that informed choices are made.

Powers of Attorney is a document in which one person (called the principal) gives another person (called an agent or attorney-in-fact) the power to make decisions or handle transactions on his or her behalf. If the document is not a durable power of attorney, it does not continue in effect after the principal becomes incapacitated.

Durable power of attorney is a power of attorney, which continues in effect after the principal becomes incapacitated. Its purpose is to ensure that there will be an agent in place to act on the principal's behalf after the principal becomes incapacitated. The powers of attorney seen in the long-term care context will usually be durable powers of attorney. A durable power of attorney will include the following kind of language: "This power of attorney shall continue in effect following the incapacity of the principal," or "This power of attorney shall become effective upon the principal's incapacity."

Durable powers of attorney may delegate authority to make financial decisions, health care decisions, or both. Depending on the wording, the powers granted may be comprehensive or they may be limited and specific in scope. In addition, durable powers of attorney are effective from the moment they are created.

Because powers of attorney vary in scope, assessors and others should read the power of attorney from start to finish in order to ascertain whether the agent has authority to access information on the consumer's long term care status and to participate in choices about care. It may be necessary, from time to time, to consult legal counsel about the scope of authority under a durable power of attorney.

Durable Power of Attorney For Health Care. An individual, the principal, gives another the authority to make any and all health care decisions (except as may be specifically stated otherwise) when the principal is no longer capable of making those decisions him/herself. This type of power of attorney differs from the Power of Attorney and Durable Power of Attorney in that 1) any authority is limited to health care decisions and cannot be used for such things as financial decisions and 2) it becomes effective only when the principal becomes incapable of making decisions **AS CERTIFIED IN WRITING BY THE PRINCIPAL'S ATTENDING PHYSICIAN AND FILED IN THE PRINCIPAL'S MEDICAL RECORD.** It is also critical to understand that notwithstanding that a durable Power of Attorney is in effect and irrespective of the principal's lack of capacity to make

health care decisions at the time, treatment may not be given or withheld from the principal over the principal's objection.

Powers of attorney are attractive to people because they are private and do not require the approval or involvement of a court. (Contrast Guardianship, below.) **Even more important, the durable power of attorney for health care allows the person to exercise choice and remain in control for as long as possible. When the principal executes a durable power of attorney for health care, s/he is not giving up her right to make her own decisions. Rather, the principal is appointing a kind of deputy, who makes decisions when s/he is unable to. This means that the principal still has the right to receive notices, assessments, and other relevant information concerning eligibility and health care issues generally. Notices should be sent to both the principal and the agent. The principal also retains the right to make his or her own choice regarding the type of care to be received and the setting in which to receive it. If the principal and agent disagree concerning this choice, the principal's decision governs.**

This can be troubling to assessors, care providers and others, when the principal appears to be impaired mentally and makes choices that may, in the opinion of others, endanger him or her. There may even be a written opinion from a doctor or other clinician that the person is incapacitated. Nevertheless, if the principal has not been found by a court to be incapacitated, assessors, providers and others should continue to inform the person concerning the consumer's long term care status and to involve the person in decision making. Depending on the circumstances, a referral might be appropriate to adult protective service. The result may ultimately be that a guardian is appointed to override the power of attorney and make informed decisions on the consumer's behalf.

A person has the right, after executing a power of attorney, durable power of attorney, or durable power of attorney for health care, to revoke the arrangement. When this happens, assessors should from that point on send notices only to the person and stop sending notices to the agent, who no longer has a legal right to receive such notices. Again, where there is concern that the person is in fact incapacitated and not making informed choices, a referral could be made to adult protective services.

Guardianship. A guardian is a person appointed by the probate court to make health care, residential and other personal decisions for another person (called a ward) who is found by the court to be incapacitated. A guardian has a similar kind of authority as a parent has over a minor child. Under full guardianship, the ward loses the right to make his/her own decisions. (Contrast Powers of Attorney, above.)

Some guardianships are limited guardianships. This means that the guardian can only make certain kinds of decisions for the ward. The ward continues to make her own decisions in other areas of her life. An example is a guardianship under which the limited guardian is permitted to make medical decisions for the ward but not decisions concerning placement.

It is important that assessors and others, faced with a situation in which the person has a guardian, ask to see the court papers that describe the scope of the guardianship. The "Letters of Guardianship" should be reviewed. It should be made available by the guardian, but can also be

obtained from the probate court. The guardianship order may not allow the guardian to make decisions about long term care and placement choices.

Generally, assessors should send notices to both the guardian and the ward. An exception should be made where the guardian expresses concern that such notices will be harmful to the ward (for example, by causing agitation) and asks that notices be sent only to the guardian.

Related Issues. There are several other types of legal arrangements which are seen in long-term care settings that assessors and others should understand. These arrangements, while useful for some purposes, do not authorize people other than the principal to make long term care choices for themselves.

A **living will** is a document which states what type of care the person wants to receive if s/he is in a terminal condition and unable to express his or her own wishes. The living will may name another person to make decisions about terminal care. This document, without more, does not authorize the person to make other kinds of choices for the person, including placement.

A **representative payee** is a person appointed by Social Security, Veterans Administration or another federal agency to handle the monthly benefit check for a recipient who is found by the agency to be unable to manage the benefit responsibly. The payee has no authority with respect to other finances and property and has no authority to make long term care or placement choices.

A **conservator** is a person appointed by the probate court to make financial and property decisions for a person who has voluntarily applied for the appointment of a conservator and has voluntarily chosen the person to act as conservator.. This is similar to guardianship, but applies only to money and property. A conservator who is not a guardian or holder of a durable power of attorney for health care does not have authority to make placement and long term care decisions for the person.

APPENDIX A - Patient Self-Determination

What Does The Patient Self-Determination Act Say?

The Patient Self-Determination Act of 1990 requires all Medicare and Medicaid provider organizations (specifically hospitals, nursing facilities, home health agencies, hospices, and prepaid health care organizations) to do five things:

1. *"Provide written information" to patients at the time of admission concerning "an individual's right under State law (whether statutory or as recognized by the courts of the State) to make decisions concerning...medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives";*
2. *"Maintain written policies and procedures" with respect to advance directives (e.g., living wills and health care powers of attorney) and to "provide written information" to patients about such policies;*
3. *"Document in the individual's medical record whether or not the individual has executed an advance directive";*
4. *"Ensure compliance with the requirements of State law (whether statutory or as recognized by the courts of the State) respecting advance directives at facilities of the provider or organization"; and*
5. *"Provide (individually or with others) for education for staff and the community on issues concerning advance directives."*

The Act also requires providers "not to condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive."